| Electronic Pat                          | ent App | lication Fee  | Transm   | ittal  |                         |  |  |
|---|---------|---|----------|--------|-------------------------|--|--|
| Application Number:                     | 103     | 10795860  |          |        |                         |  |  |
| Filing Date:                            | 12-     | 12-Jul-2004   |          |        |                         |  |  |
| Title of Invention:                     | No      | Novel substituted benzimidazole dosage forms and method of using same |          |        |                         |  |  |
| First Named Inventor/Applicant Name:    | Jef     | Jeffrey Owen Phillips   |          |        |                         |  |  |
| Filer:                                  | An      | Andrea C. Lee   |          |        |                         |  |  |
| Attorney Docket Number:                 | 04:     | 04242373  |          |        |                         |  |  |
| Filed as Large Entity                   | •       |   |          |        |                         |  |  |
| Utility under 35 USC 111(a) Filing Fees |         |   |          |        |                         |  |  |
| Description                             |         | Fee Code  | Quantity | Amount | Sub-Total ir<br>USD(\$) |  |  |
| Basic Filing:                           |         |   |          |        | 1                       |  |  |
| Pages:                                  |         |   |          |        |                         |  |  |
| Claims:                                 |         |   |          |        |                         |  |  |
| Miscellaneous-Filing:                   |         |   |          |        |                         |  |  |
| Petition:                               |         |   |          |        |                         |  |  |
| Patent-Appeals-and-Interference:        |         |   |          |        |                         |  |  |
| Post-Allowance-and-Post-Issuance:       |         |   |          |        |                         |  |  |
| Extension-of-Time:                      |         |   |          |        |                         |  |  |
| Extension - 3 months with \$0 paid      |         | 1253  | 1        | 1270   | 1270                    |  |  |

| Description                       | Fee Code          | Quantity | Amount | Sub-Total in<br>USD(\$) |
|-----------------------------------|-------------------|----------|--------|-------------------------|
| Miscellaneous:                    |                   |          |        |                         |
| Request for continued examination | 1801              | 1        | 930    | 930                     |
|                                   | Total in USD (\$) |          |        | 2200                    |